

Acland (H. W.)

A LETTER

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TO THE

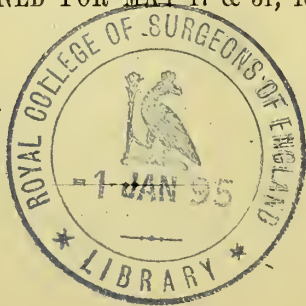
VICE-CHAIRMAN OF THE BOARD OF
MANAGEMENT

OF THE

RADCLIFFE INFIRMARY,

ON THE

QUESTIONS TO BE CONSIDERED AT THE MEETINGS
ISUMMONED FOR MAY 17 & 31, 1866.



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MY DEAR SIR,

You asked me to-day "what is the scheme which I desire the Governors of the Radcliffe Infirmary just now to adopt." I told you that I have no one fixed scheme, for it is not my duty, not being on the Board of Management, to prepare any plan unsolicited. I shall support, as far as I am able, any plans which seem to me likely to conduce to the permanent interests of the Institution; and I shall do all that I lawfully may, to oppose any which seem to me inconsistent with those interests.

When I speak of those interests, I include the wants of the sick of this district in the widest sense, and the just claims of the supporters of a most valuable institution. In speaking of the sick and of the supporters I speak, I need not say, of the sick who require Hospital help, whether in this city or in counties which surround it; in speaking of the supporters I should wish to think with equal fairness of our friends in the County, the University, and the City.

I cannot, you are aware, be at the Court on the 17th of May, having been for some time previously engaged to attend a meeting of importance elsewhere on the same afternoon. This is my misfortune. I take this method, therefore, of putting shortly before you what I understand to be at stake in the present controversy, both as regards the principles of Hospital administration, and the interests of the Charity to which we are both attached.

Two questions involving important administrative

principles are under discussion at the Radcliffe Infirmary. They are such as to demand the serious attention of the supporters of the Institution, and of all those who take interest in the success and character of the great Charitable institutions of this country.

The first question is—*Whether it is wiser to contract or extend the benefits of the Hospital in the midst of a growing population?*

The second question is—*Whether it is right to spend a considerable sum on enlarging an old building, in defiance of settled principles of Hospital construction, when the same sum judiciously expended would secure in a building constructed on the best principles a number of beds equal to that which it has been proposed to provide in an old building in an inferior manner?*

So stated, these questions can assuredly receive but one answer. To the first—*Extend: do not contract.* To the second—*What you do afresh, do thoroughly.*

Let us presently look at each of these questions separately. But before doing so, though you are very familiar with Hospital affairs, let me recapitulate what must be in your mind, and in mine, in voting on either of them.

A subscriptional County Hospital, any subscriptional Hospital, is quite a singular Institution. It is one of the contrivances almost peculiar to England for supplementing the compulsory arrangements of the State. It is under no State control; the work it does is voluntary: it dispenses what benefits it pleases, and as it pleases: it gives to one, refuses to another: it is a voluntary incorporation, doing work which in most countries is done by the Government.

In the present day all voluntary institutions are undergoing scrutiny. If they suit the wants of the age

they stand, the wonder and admiration of other people. If they do not meet the growing wants, sooner or later public opinion forces the Government to supplement them by others, and they fall into decadence.

Hospitals cannot be exempt from the operation of this social law. The best subscriptional Hospitals, managed by their humane and benevolent supporters, thrive with the advance of time; acquire new funds; gain fresh gratitude, prosper—if and *when* they expand with the population, and add the new conquests of science to the possessions of a former period.

In this I am giving utterance to no new or personal sentiments. It not only is but ought to be so. The following passage from the Sixth Report of the Medical Officer of the Privy Council, places what we are now discussing in a clearer light than perhaps I should venture to do when addressing myself to you:—

“It would be foreign to my present purpose to discuss with any minuteness the vastly different degrees in which different hospitals endeavour to be useful to the public. But this is a matter which, in respect of many charities, eminently deserves further criticism. And therefore I would again invite attention to the statements which Dr. Bristowe and Mr. Holmes make with regard to the effect of certain regulations in restricting the usefulness of hospitals. Especially I must advert to the rules which prohibit the admission of cases of contagious fever, and in effect exclude most other acute diseases from the benefit of hospital treatment. It seems to me that in such rules there is implied the dereliction of a hospital’s most important functions. I cannot conceive any cases having more claim to hospital treatment than those cases of typhoid, and sometimes typhus fever, which the rules would expressly and rigidly exclude. To leave such cases in the ill-provided homes of the poor is not

only to withhold the assistance of the charity from persons in very urgent need of the best attainable medical treatment, but it further involves, as an almost necessary result, that the disease shall continue its ravages in the family, and perhaps greatly beyond the family, which it has attacked. Fifty years ago, adverting to this matter, Sir Gilbert Blane found it 'difficult to conceive what idea the authors of such a regulation could form of a hospital as a beneficent institution, the end of which is the alleviation of human misery;' and his language might have been stronger than it was, if he could have seen such evidence as we now have, of the indirect effect of that regulation in excluding other large classes of disease which quite pre-eminently claim hospital treatment. I am far from contending unconditionally that every existing hospital ought to receive cases of contagious fever; for, among those hospitals which the reporters describe, there are some where such fevers could not be treated in common with other diseases, without the certainty that their contagion would spread. But with reference to such hospitals I must submit, that they, while they cannot safely receive fever, are but fragments of that hospital accommodation which every populous place ought to have for its sick poor. Either they ought to be reformed, so that fever could properly be treated in them, or they ought to be superseded or supplemented by others."—(pp. 73, 74.)

Now in this passage what I would specially and urgently call your attention to, is not the earnest plea for treating Fevers in the Hospital, (for you might at once say then, Build a separate Hospital for Oxford Fevers—do not bring them to our County Hospital,) but to the words, "I must advert to the rules which prohibit the admission of cases of contagious Fevers, and *in effect exclude most other acute diseases from the benefit of Hospital treatment.*"

It has been said in Oxford that County subscribers

will withdraw their support from the Hospital if we treat Fevers in it. But what if by a desire to conciliate those who are alarmed lest their poor become infected, we refuse to treat Fevers any more, and in doing this so damage the reputation of the Institution as that the County shall have henceforward an inferior establishment for their own people? What, for instance, if the University and City subscribers say, Well, there are now two Hospitals, one free, accessible, treating all Fevers, open at all hours, and every day; singularly available for all acute diseases. We will support that.

This is no chimera. Our Infirmary has become more prosperous and more useful just as admission has been freer and easier. The opposite course would produce the opposite result. If we, now that the question is raised, decide on rescinding the existing rule, which says,—

“Accidents, and cases truly urgent and admitting of no delay (though they be not cases of accident) are admitted at all times;—*as are also cases of typhus or other infectious fever, which are admitted, without delay,* after due notice to the House Surgeon-Apothecary; but in cases of fever such Patients must, upon their admission, deliver their turns of recommendation to the House Surgeon-Apothecary,”—

and exclude Fevers, another Hospital will and ought to be forthwith erected. Indeed, Mr. Simon goes on to say after the words just quoted,—

“If the wealth and charity of a neighbourhood are insufficient for the maintenance of such a general hospital as may receive all severe cases without distinction, then, I would suggest, the maintainers of the smaller charities might do well to consider whether, in their admission of patients, the present order of preference ought not to be absolutely

reversed, — whether all other claims of disease ought not to be regarded as subordinate to the claims of contagious fever.”—(p. 74.)

I hope, Sir, in speaking my mind thus freely, you will believe I am actuated by the motives I stated above, to deal fairly and wisely by the complicated interests concerned with our Charity. Let us look whether there is anything unfair to any one, to our supporters of Town or County, or to the sick sent to us from one or the other.

There are three ways in which we could deal unfairly by either of these classes; 1st. by administering the funds with such unequal hand that the one trespassed on the fair proportion of the other; 2ndly, by so occupying our beds with the Town poor that the County poor would be excluded; 3rdly, by exposing the County Patients to unnecessary risk from infection.

All of these are mere matters of administration. Simple rules could secure the fairest mode of admission, according to the exigencies of the applicants. What is required is an active, elastic principle of management, such as may be expected of the zealous gentlemen whom we have to thank for their faithful attention to our concerns at the weekly Boards.

There is no doubt that the Fever wards might be made self-supporting. This is no occasion for detailed argument, so I will only say on the monetary question, that why the Hospital is ever in debt is always a marvel to me. It is known, for instance, that a bed costs about £30 a-year: ‘*one bed*,’ you will remember, means about ten different persons treated every year, as In-Patients. If the funds available for In-Patients for the coming year are estimated by your Treasurer at £3,000, why keep open more than 100 beds? If any

Parish, College, Individual, or Society, desire to keep another bed open, let him send £30. Our President keeps open *three* beds every year, without touching on the interest of the accumulated Capital, and at least *six* beds if you allow his Grace his share of that interest.

With respect to the risk of infection, if you have proper wards for a limited number of cases, virtually there is no risk whatever.

Well, some have said, but what is the gain of having them? Surely I need not answer that. You admit them now, only with bad accommodation. I had last Christmas six patients with Typhoid Fever under my care at one time. We only ask you to admit them still, but with well-devised arrangements; so that the only question ought to be how to get the proper accommodation for those we receive. The Committee, of which you are a member, has proposed to wholly remodel the accommodation. It is therefore generally agreed that the accommodation is insufficient, and that we ought to provide better for a certain number. Your Committee first proposed, I believe, 18 beds, and afterwards 12. They had no objection apparently to 18, as they named that number, but finding they had not room for so many on their plan, they afterwards said 12.

The principle being then conceded that it is undesirable to alter our existing rules, and that we should therefore improve our accommodation, we have to consider what is the real proposal for the 17th.

I am sorry that so much has been said about *founding an Epidemic Hospital*, an expression which has naturally alarmed our County friends. We have about three acres at the back of our House, with open grounds both north and south of our Garden. If such a Hospital were to be placed there, no injury I imagine would

accrue. But I have yet to learn that a Special Epidemic Hospital is needed either at the Radcliffe Infirmary or elsewhere. It is a grave thing to commence such a work, especially if the want is imaginary. I maintain that the existing General Hospital, containing now only about 130 beds, (it should not have so many in the present building,) standing on four acres of ground, should on all known principles of Hospital accommodation easily, and economically, and advantageously expand, so as to meet the Hospital wants of the district. Easily, because there is room; economically, because there is already the plant, the administration, the staff, the chapel; advantageously, because to add nurses, other resident officers, or more honorary officers, is not only much simpler, but more likely to increase the efficiency of the whole, than the creation and maintenance of a separate establishment. It will be time for the present Hospital to ask for relief from its present work, when it has reached 250 or 300 beds. In a day when Hospitals are happily being increased in number and in kind, when Counties have them which had them not, when Village Hospitals are springing up, and Workhouse Infirmaries are improving, no old General Hospital, *except a first-class one*, will keep its former prestige.

I speak of ordinary times, and ordinary epidemic diseases. The Board of Guardians is bound to meet extraordinary Epidemics.

Professor Rolleston has calculated that there are 200 cases of Fever in Oxford annually. Twenty-five to thirty beds would probably take the whole of those that would be induced to come in. Good wards would soon be popular among the people. I never saw a Fever patient recover in the Hospital, who did not

bless it. They would come—and *the cases in the Town would diminish.*

I said at the outset I had no scheme. But as I write I seem forced to suggest one. It is simple. Leave the old building as it is. Build a good ward for fifteen or sixteen males and the same for females, in the Garden, in the best manner, that is, on the pavilion model, with a Corridor running along the North side of our grounds. The Lancashire money, with your own, and what you might have to-morrow, will build such a block, without touching the funds of the House.

Your Hospital, by expanding instead of contracting, will get fresh life, with all the advantages to the district which are implied by the presence of an active Hospital. Those who have heartily laboured for it in so many ways, both within and without, will take new courage in seeing their work prosper.

I have written already at too great length. Yet the subject might well occupy us a far longer time. The country is becoming alive to the importance of its sanitary arrangements. Public opinion will support your endeavours. The more voluntary institutions do, the more they act with open hand and heart, the less there will be to be supplemented by enactment, the less they will have to dread the loss of funds. But we must all hope that if we leave ground uncovered, legislation will step in to supply the needs which we do not meet.

In the last few years the works on Military and Civil Hospitals by our Government officers, by Miss Nightingale, M. Husson, Mr. Simon, and others, have become so numerous and are so exhaustive, that you, Sir, may be sure that acting under skilled advice, and

not using undue haste, you may with perfect certainty settle this question to the satisfaction of the Radcliffe Governors, with no waste of funds, and with a certainty of permanence in the work you perform.

In addition to what has been here said, may I ask you dispassionately to consider what is the result of small and extemporaneous alterations? Examine the Sculleries and Closets of our Wards; inspect the East and the West Wards; compare them, and some parts of the Store-rooms and Offices, with those of any modern Institution; remember how, in order to accommodate the children, you had to sacrifice one of the only two Medical Wards for adult females, and to deprive us of the hope of a Convalescent Room by turning the Chapel into a bedroom; and consider whether I am to blame in urging the Governors to pause before spending great sums on small adaptations. If I wanted another argument, it is to be found in the admirable care bestowed by your resident officers upon all things put under their charge.

I am, my dear Sir,

Your faithful Servant,

HENRY W. ACLAND.

*To the Rev. S. Edwards, M.A., &c., &c., Vice-Chairman of the,
Board of Management, Radcliffe Infirmary.*